

60 cents go for existing state programs while the 40 cents of General Funds, currently spent, go for other state programs, as has been mentioned in the media. This bill intends for the total of both, the existing General Funds and the federal match, to go for those with mental illnesses. The fiscal note indicates that we could leverage an annual 2.5 million in federal dollars for our mentally ill population. The purpose of this bill is to expand and improve existing services for community-based programs. These programs are administered by the community mental health arm of Department of Public Institutions. The state is divided into six regions to provide these services. These services are listed on your handout, it includes behavior change techniques, social interpersonal skills, cooking, housekeeping, budgeting and occupational vocational skills among others. I see there's a lot of interest in this bill. As a recent article, also in your handout, stated, if we tripled our spending on community mental health, we could rise to mediocrity. Community-based programs provide services by mental health professionals in consultation with medical doctors. Psychiatric rehabilitation, which emphasizes overall functioning in the community, is more effective and a lower cost alternative to long-term institutionalization. We continue to fund people living in state hospitals for approximately \$200 in General Fund dollars a day, but do not have funding for the same or better services in the community. These \$200 a day amount to 78 percent of state spending on mental health...mental illness treatment, that is the three regional centers absorb 78 percent of our budget in this area. That leaves only 28 percent for community-based services. The yearly amount for inpatient is \$70,000 compared to \$1,300 per person, per year, served in a community-based program. Many of these patients are languishing in hospital settings simply because there is no local program or space available. Although changing to a community-based system will add to current community-base costs, this increase should be offset by the more effective utilization of inpatient services and by other, less direct effect costs...direct effects on cost, such as the criminal justice system, as well as lower general health costs. The second part of this bill, as Senator Wesely explained in his committee amendments, mandates the Department of Public Institutions to require all state funded residential psychiatric services, namely the three regional centers in Lincoln, Norfolk and Hastings to utilize the interdisciplinary staff model. An interdisciplinary staff model uses medical and nonmedical professionals to direct and supervise the rehabilitation